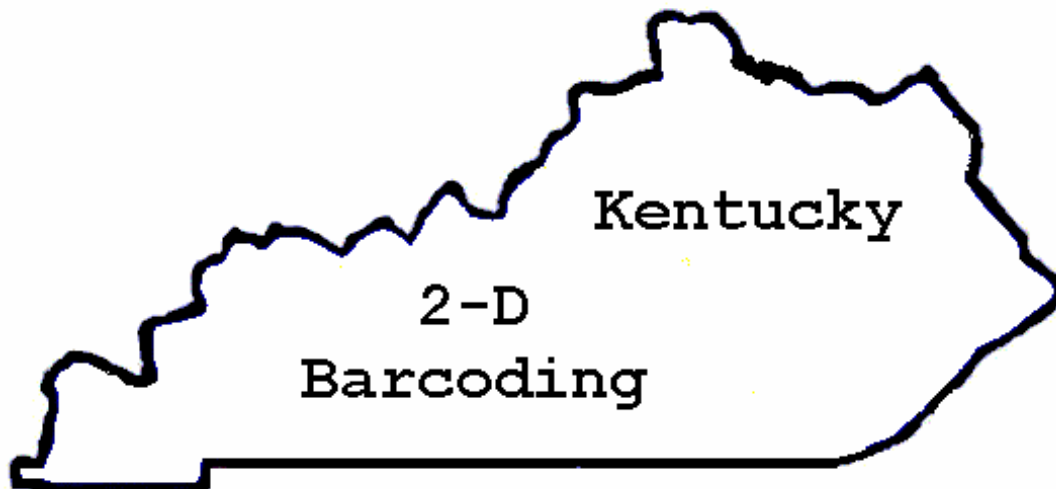


Commonwealth of Kentucky
Department of Revenue

SOFTWARE DEVELOPER'S GUIDE



Tax Year 2005
Processing Year 2006

Developed by
Marcus Deaton II
Kentucky Department of Revenue
November 2005

Version 1.2 (Final Version)

August 17, 2005 changes are highlighted in green.

Note: Due to the tax modernization package signed in March 2005, the barcode layout has changed. Please review carefully.

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Form Links available on our website. These forms used to be included in this document but are now added as links. If you need them sent via email just let me know.

Form 740-EZ, Form 740, Schedule A, Schedule M, Schedule P & 2210-K.

Section 1: Introduction to Kentucky 2-D Barcoding Program

The Kentucky Department of Revenue will be accepting 2-D barcodes on the 740 and 740-EZ Individual Income Tax Returns for tax year 2005. This is a great opportunity to improve the service provided to the taxpayers of Kentucky. The benefits include:

- **Reduction in processing time – Saving Kentucky taxpayer dollars.**
- **Fewer data entry errors – All data listed on the return is included in the barcode.**
- **Fast access to taxpayer information – Taxpayer assistance enhanced by quicker access to data on the return.**

For tax year 2005, the Department of Revenue will develop two (2) versions of the Individual Income Tax forms, one to be included in the official tax booklet and one for the software developers for computer generated returns. The computer generated forms are designed for the 2-D barcode format. If the 2-D barcode is not printed on the form, the space allotted for the barcode should be left blank.

Information on 2-D Barcoding of tax forms is available on the Federation of Tax Administrators web site at www.taxadmin.org.

We would like to thank the software vendors and various representatives of other state revenue offices for their support and input in making 2-D barcoding an easy transition for Kentucky.

Section 2: Contact Personnel- Kentucky Department of Revenue

Technical Specifications/Assistance and Acceptance Testing

Marcus Deaton II
Kentucky Department of Revenue
200 Fair Oaks Lane - Mail Station 65
Frankfort, KY 40620
(502) 564-4581 Ext. 4621
Fax: (502) 564-0058
Email: marcus.deaton@ky.gov

Peggy Barber
Kentucky Department of Revenue
200 Fair Oaks Lane - Mail Station 56
Frankfort, KY 40620
(502) 564-4581 Ext. 4672
Fax: (502) 564-0058
Email: peggy.barber@ky.gov

Section 3: Barcode Content

2-D Barcode Content

The 2-D barcode will include the following forms if they are a part of the taxpayer's return:

- 740-EZ – Kentucky Individual Income Tax Return for Single Filers
- 740 – Kentucky Individual Income Tax Return
- Schedule M – Federal Adjusted Gross Income Modifications
- Schedule A – Kentucky Itemized Deductions
- Schedule P – Pension Exclusion
- Form 2210-K – Underpayment of Estimated Tax by Individuals
- Form W-2 – Wage and Tax Statement
- Form 1099-R – Distributions from Pension, Annuities, Retirement...

All Data formats follow the criteria published in the "Tax Forms Processing 2-D Barcoding Standards Guidance" issued by the Federation of Tax Administrators (FTA). Note: Hyphens and separators should not be used in dates, social security numbers, telephone numbers, etc.

The name field on the return should be broken down by field as described in the tax form layout specifications.

For check boxes return "X" if checked and NULL if blank.

The barcode for the Form 740-EZ must be printed using the Form 740 layout.

If Form 740-EZ is printed, the following fields in the 740 format must be prefilled. Field 21 must equal "X", Field 64 must equal "X", Field 128 must equal "X", field 134 must equal "01", Fields 153 and 155 must equal "01".

If Form 2210-K is completed, field 95 must be marked "X".

Section 4: Kentucky Testing Procedures

The **Kentucky Test Package** will be available after the federal package for electronic filing is released to software developers. The same scenarios used for electronic filing testing will be used for 2-D barcode testing. A contact name and email address must also be provided for test result notification. **After your software is accepted, an acceptance letter will be issued which must be provided to all software users upon request.**

If a vendor would like to test prior to the Electronic Filing package release, Kentucky has some test samples that have been created for early testing of the barcode. We will work with the software vendors in any way to ease the burden of the development and testing of the barcode. Please contact Marcus Deaton II at the address or phone number listed below for inquiries concerning this test package.

Kentucky Department of Revenue
Attn. Marcus Deaton II
200 Fair Oaks Lane Station 65
Frankfort, Kentucky 40601
Phone (502) 564-4581 Ext. 4621
Marcus.Deaton@ky.gov

Please see Section 5 for list of mandatory fields that must be completed by the taxpayer. If the software vendors could alert the taxpayer that these fields are required to process the return, and if not completed, will result in the delay of the return being processed, it would be appreciated. We realize that there is no way to control when the taxpayer prints the return but alerting the taxpayer when a required field is not completed could be beneficial. Thank You.

Section 5 – Mandatory Barcode Fields

- **Primary Social Security Number** – Required on all returns.
- **Spouse Social Security Number** – Required on Married Filing Joint and Married Filing Separately on a Combined Return filing statuses.
- **Primary Last and First Name** – Required on all returns.
- **Spouse Last and First Name** - Required on Married Filing Joint and Married Filing Separately on a Combined Return filing statuses.
- **Address, City, State Abb., Zip Code** – Required on all returns. This field should contain numbers 0-9 and letters A-Z. The only special characters permitted in the address are the “-” dash and the “&” ampersand.
- **Filing Status** – One of the four (4) filing statuses is required.
- **Spouse Full Name** – Required if Married Filing Separate filing status is selected.
- **Political Party Fund** – One of the three (3) taxpayer political party fund options must be selected for all filing statuses. If married filing joint or married filing separate on a combined return filing status is selected, one of the taxpayer and spouse political party fund options must be selected.
- **Regular Credit Taxpayer** – Required for all returns.
- **Regular Credit Spouse** - Required on Married Filing Joint and Married Filing Separately on a Combined Return filing statuses.
- **Credit Total Fields** – Must be two (2) characters. (1 = 01, 5 = 05, etc.)
- **Taxpayer Tax Credits** – Required entry for all returns. If single, married filing joint or married filing separate return filing status is selected, this field must equal Total Tax Credits Field.
- **Spouse Tax Credits** – Required on Married Filing Separately on a Combined Return filing status. The Total Tax Credits must be split between the taxpayer and spouse and must equal the Total Tax Credits Field. Taxpayers may determine how to split the credits but each field must be a minimum of 1.
- **All Money Fields** – All money fields must be rounded to the nearest dollar. The barcode field must contain whole dollars only with no special characters. Special Characters are defined as any character other than numbers 0 through 9. No “\$” or “.” should be included in the barcode. The only exception to this would be the “-” in front of a negative dollar amount.

2005 2D Barcode Layout (Software Developers)

Barcode Field #	Identification	Length	Type	Description
1	Header Version Number	2	A/N	T1 (As Described by NACTP)
2	Developer Code	4	N	Assigned by NACTP to identify the Software Developer
3	Form Identifier	1	N	Form 740-EZ = "1"; Form 740 = "3"
4	Tax Year	4	N	Tax Year (YYYY) "2005"
5	Fiscal Year Begin Date	8	N	Beginning date for a Fiscal Year Return or Blank (MMDDYYYY)
6	Fiscal Year End Date	8	N	Ending date for a Fiscal Year Return or Blank (MMDDYYYY)
7	Taxpayer ID	9	N	Primary SSN (Required Entry)
8	Taxpayer ID (Spouse)	9	N	Spouse's SSN (Required if filing status other than single)
9	Primary Last Name	17	A/N	Last Name (Required Entry)
10	Primary Suffix	3	A/N	Generation
11	Primary First Name	14	A/N	First Name (Required Entry)
12	Primary Middle Initial	1	A/N	Middle Initial
13	Spouse Last name	17	A/N	Last Name (Required if Field 22 or 23 is checked)
14	Spouse Suffix	3	A/N	Generation
15	Spouse First name	15	A/N	First Name (Required if Field 22 or 23 is checked)
16	Spouse Middle Initial	1	A/N	Middle Initial
17	Address Line	35	A/N	Required Entry (See Rule 5)
18	City	21	A	Required Entry
19	State Abbreviation	2	A	Required Entry
20	ZIP Code	9	N	Required Entry
21	Single	1	A/N	Value "X" or NULL
22	Married Filing Separately on Combined return	1	A/N	Value "X" or NULL
23	Married Filing Joint	1	A/N	Value "X" or NULL
24	Married Filing Separate Returns	1	N	Value "X" or NULL
25	Spouses Full Name	35	A/N	If Field 24 is checked, Enter Spouses Full Name; If not checked NULL (Required)
26	Spouse Political Party Fund – Democratic	1	A/N	Value "X" or NULL (See Rule 1)
27	Spouse Political Party Fund – Republican	1	A/N	Value "X" or NULL (See Rule 1)
28	Spouse Political Party Fund – No Designation	1	A/N	Value "X" or NULL (See Rule 1)
29	Taxpayer Political Party Fund - Democratic	1	A/N	Value "X" or NULL (See Rule 1)
30	Taxpayer Political Party Fund – Republican	1	A/N	Value "X" or NULL (See Rule 1)
31	Taxpayer Political Party Fund – No Designation	1	A/N	Value "X" or NULL (See Rule 1)
32	Spouse Federal AGI	9	N	Form 740, Line 5A (See Rule 3 for all \$ fields) (See Rule 4 for Spouse entries)
33	Taxpayer Federal AGI	9	N	Form 740, Line 5B
34	Spouse Additions	9	N	Form 740, Line 6A
35	Taxpayer Additions	9	N	Form 740, Line 6B
36	Spouse Subtotal	9	N	Form 740, Line 7A
37	Taxpayer Subtotal	9	N	Form 740, Line 7B
38	Spouse Subtractions	9	N	Form 740, Line 8A

39	Taxpayer Subtractions	9	N	Form 740, Line 8B
Barcode				
Field #	Identification	Length	Type	Description
40	Spouse KY AGI	9	N	Form 740, Line 9A
41	Taxpayer KY AGI	9	N	Form 740, Line 9B
42	Spouse Deductions	9	N	Form 740, Line 10A
43	Taxpayer Deductions	9	N	Form 740, Line 10B
44	Spouse Taxable Income	9	N	Form 740, Line 11A
45	Taxpayer Taxable Income	9	N	Form 740, Line 11B
46	Schedule J Indicator	1	A/N	Line 12 check box (Value 'X' or blank)
47	Spouse Tax 1	9	N	Form 740, Line 12A
48	Taxpayer Tax 1	9	N	Form 740, Line 12B
49	Form 4972K Indicator	1	A/N	Form 740, line 13
50	Schedule RCR Indicator	1	A/N	Form 740, Line 13
51	Spouse 4972K Tax	9	N	Form 740, Line 13A
52	Taxpayer 4972K Tax	9	N	Form 740, Line 13B
53	Spouse Tax 2	9	N	Form 740, Line 14A
54	Taxpayer Tax 2	9	N	Form 740, Line 14B
55	Spouse Business Incentive Credits	9	N	Form 740, Line 15A
56	Taxpayer Business Incentive Credits	9	N	Form 740, Line 15B
57	Spouse Tax 3	9	N	Form 740, Line 16A
58	Taxpayer Tax 3	9	N	Form 740, Line 16B
59	Spouse Personal Tax Credits	9	N	Form 740, Line 17A
60	Taxpayer Personal Tax Credits	9	N	Form 740, Line 17B
61	Spouse Tax 4	9	N	Form 740, Line 18A
62	Taxpayer Tax 4	9	N	Form 740, Line 18B
63	Total Tax 1	9	N	Form 740, Line 19
64	Family Size 1	1	A/N	Form 740, Line 20 'X' if family size = '1', else blank
65	Family Size 2	1	A/N	Form 740, Line 20 'X' if family size = '2', else blank
66	Family Size 3	1	A/N	Form 740, Line 20 'X' if family size = '3', else blank
67	Family Size 4	1	A/N	Form 740, Line 20 'X' if family size = '4', else blank
68	Family Size Tax Credit Percentage	3	N	Form 740, Line 21 (10% = 010, 20% = 020, 100% = 100, etc.)
69	Family Size Tax Credit	9	N	Form 740, Line 21
70	Total Tax 2	9	N	Form 740, Line 22
71	Education Tuition Tax Credit	9	N	Form 740, Line 23
72	Total Tax 3	9	N	Form 740, Line 24
73	Federal Child Care	9	N	Federal Form 2441, Line 9
74	Kentucky Child Care	9	N	Form 740, Line 25
75	Income Tax Liability	9	N	Form 740, Line 26
76	Kentucky Use Tax	9	N	Form 740, Line 27
77	Total Tax Liability	9	N	Form 740, Line 28
78	Daytime Phone Number	10	N	
79	Preparer Name	35	A/N	
80	Preparer ID	9	A/N	
81	Total Tax Liability	9	N	Form 740, Line 29
82	Kentucky Withholding Paid	9	N	Form 740, Line 30a
83	KY Estimated Tax Payments	9	N	Form 740, Line 30b
84	Refundable Corporate Entity Credit	9	N	Form 740, Line 30c
85	Total Payments	9	N	Form 740, Line 31

86	Amount Overpaid	9	N	Form 740, Line 32
Barcode				
Field #	Identification	Length	Type	Description
87	Nature & Wildlife Fund	9	N	Form 740, Line 33
88	Child Victims' Trust Fund	9	N	Form 740, Line 34
89	Veterans' Trust Fund	9	N	Form 740, Line 35
90	Breast Cancer Research & Education Trust Fund	9	N	Form 740, Line 36
91	Total Contributions	9	N	Form 740, Line 37
92	Credit to Estimated Tax	9	N	Form 740, Line 38
93	Refund	9	N	Form 740, Line 39
94	Additional Tax Due	9	N	Form 740, Line 40
95	2210-K Penalty Box	1	A/N	X if Checked NULL if not Checked
96	Penalty - 2210-K	9	N	Form 740, Line 41a
97	Interest	9	N	Form 740, Line 41b
98	Penalty - Late Payment	9	N	Form 740, Line 41c
99	Penalty - Late File	9	N	Form 740, Line 41d
100	Subtotal Penalty & Interest	9	N	Form 740, Line 41e
101	Amount Owed	9	N	Form 740, Line 42
102	Spouse NonRefundable Pass Thru Credit	9	N	Form 740, Section A, Line 1A
103	Taxpayer NonRefundable Pass Thru Credit	9	N	Form 740, Section A, Line 1B
104	Spouse Skills Training Credit	9	N	Form 740, Section A, Line 2A
105	Taxpayer Skills Training Credit	9	N	Form 740, Section A, Line 2B
106	Spouse Historic Preservation Credit	9	N	Form 740, Section A, Line 3A
107	Taxpayer Historic Preservation Credit	9	N	Form 740, Section A, Line 3B
108	Spouse Tax Paid to Other State Credit	9	N	Form 740, Section A, Line 4A
109	Taxpayer Tax Paid to Other State Credit	9	N	Form 740, Section A, Line 4B
110	Spouse Qualified Unemployment Credit	9	N	Form 740, Section A, Line 5A
111	Taxpayer Qualified Unemployment Credit	9	N	Form 740, Section A, Line 5B
112	Spouse Recycling Credit	9	N	Form 740, Section A, Line 6A
113	Taxpayer Recycling Credit	9	N	Form 740, Section A, Line 6B
114	Spouse KIFA Credit	9	N	Form 740, Section A, Line 7A
115	Taxpayer KIFA Credit	9	N	Form 740, Section A, Line 7B
116	Spouse Kentucky Coal Credit	9	N	Form 740, Section A, Line 8A
117	Taxpayer Kentucky Coal Credit	9	N	Form 740, Section A, Line 8B
118	Spouse Qualified Research Facility Credit	9	N	Form 740, Section A, Line 9A
119	Taxpayer Qualified Research Facility Credit	9	N	Form 740, Section A, Line 9B
120	Spouse GED Incentive Program Credit	9	N	Form 740, Section A, Line 10A
121	Taxpayer GED Incentive Program Credit	9	N	Form 740, Section A, Line 10B
122	Spouse Brownfields Credit	9	N	Form 740, Section A, Line 11A
123	Taxpayer Brownfields Credit	9	N	Form 740, Section A, Line 11B
124	Spouse Biodiesel Credit	9	N	Form 740, Section A, Line 12A

Barcode				
Field #	Identification	Length	Type	Description
125	Taxpayer Biodiesel Credit	9	N	Form 740, Section A, Line 12B
126	Spouse Total Business Incentive Other Credits	9	N	Form 740, Section A, Line 13A
127	Taxpayer Total Business Incentive Other Credits	9	N	Form 740, Section A, Line 13B
128	Regular Credit	1	A/N	Value "X" Required Form 740 Section B, line 1a
129	Over 65 Credit – Taxpayer	1	A/N	Value "X" or NULL Form 740 Section B, line 1a
130	Blind Credit – Taxpayer	1	A/N	Value "X" or NULL Form 740 Section B, line 1a
131	Regular Credit – Spouse	1	A/N	Value "X" or NULL (Required if Field 22 or 23 is checked) Form 740 Section B, line 1b
132	Over 65 Credit – Spouse	1	A/N	Value "X" or NULL Form 740 Section B, line 1b
133	Blind Credit – Spouse	1	A/N	Value "X" or NULL Form 740 Section B, line 1b
134	Credits - Taxpayer/Spouse	2	N	Valid (00-10) Must be 2 characters Form 740 Section B, line 1
135	Child 1 First Name	10	A/N	Form 740, Section B, line 2
136	Child 1 Last Name	15	A/N	Form 740, Section B, line 2
137	Child 1 SSN	9	N	Form 740, Section B, line 2
138	Child 1 Relationship	10	A/N	Form 740, Section B, line 2
139	Child 1 Qualifier	1	A/N	Form 740, Section B, line 2
140	Child 2 First Name	10	A/N	Form 740, Section B, line 2
141	Child 2 Last Name	15	A/N	Form 740, Section B, line 2
142	Child 2 SSN	9	N	Form 740, Section B, line 2
143	Child 2 Relationship	10	A/N	Form 740, Section B, line 2
144	Child 2 Qualifier	1	A/N	Form 740, Section B, line 2
145	Child 3 First Name	10	A/N	Form 740, Section B, line 2
146	Child 3 Last Name	15	A/N	Form 740, Section B, line 2
147	Child 3 SSN	9	N	Form 740, Section B, line 2
148	Child 3 Relationship	10	A/N	Form 740, Section B, line 2
149	Child 3 Qualifier	1	A/N	Form 740, Section B, line 2
150	Dependents who lived with you	2	N	Form 740, Section B, line 2
151	Dependents who did not live with you	2	N	Form 740, Section B, line 2
152	Other Dependents	2	N	Form 740, Section B, line 2
153	Total Credits	2	N	Form 740, Section B, line 3
154	Spouse Total Credits	2	N	Form 740, Section B, line 3A
155	Taxpayer Total Credits	2	N	Form 740, Section B, line 3B
156	Spouse Personal Credit	3	N	Form 740, Section B, line 4A
157	Taxpayer Personal Credit	3	N	Form 740, Section B, line 4B
158	Other Dependent 1 First Name	10	A/N	Form 740, Section C
159	Other Dependent 1 Last Name	15	A/N	Form 740, Section C
160	Other Dependent 1 SSN	9	N	Form 740, Section C
161	Other Dependent 2 First Name	10	A/N	Form 740, Section C
162	Other Dependent 2 Last Name	15	A/N	Form 740, Section C
163	Other Dependent 2 SSN	9	N	Form 740, Section C

Barcode				
Field #	Identification	Length	Type	Description
164	Other Dependent 3 First Name	10	A/N	Form 740, Section C
165	Other Dependent 3 Last Name	15	A/N	Form 740, Section C
166	Other Dependent 3 SSN	9	N	Form 740, Section C
167	Other Dependent 4 First Name	10	A/N	Form 740, Section C
168	Other Dependent 4 Last Name	15	A/N	Form 740, Section C
169	Other Dependent 4 SSN	9	N	Form 740, Section C
170	Spouse Additions - Interest	9	N	Form Schedule M, Line 1A
171	Spouse Additions - Health Insurance	9	N	Form Schedule M, Line 2A
172	Spouse Additions - Partner/Scorp	9	N	Form Schedule M, Line 3A
173	Spouse Additions - Depreciation	9	N	Form Schedule M, Line 4A
174	Other Additions - Line 5a	20	A/N	Other Additions Verbiage Line a
175	Other Additions - Line 5b	20	A/N	Other Additions Verbiage Line b
176	Other Additions - Line 5c	20	A/N	Other Additions Verbiage Line c
177	Spouse Additions - Other	9	N	Form Schedule M, Line 5A
178	Spouse Total Additions	9	N	Form Schedule M, Line 6A
179	Spouse Subtractions - Refund	9	N	Form Schedule M, Line 7A
180	Spouse Subtractions - Interest	9	N	Form Schedule M, Line 8A
181	Spouse Subtractions - Pension	9	N	Form Schedule M, Line 9A
182	Spouse Subtractions - Social Security	9	N	Form Schedule M, Line 10A
183	Spouse Subtractions - Insurance	9	N	Form Schedule M, Line 11A
184	Spouse Subtractions - Health Insurance	9	N	Form Schedule M, Line 12A
185	Spouse Subtractions - Partner/Scorp	9	N	Form Schedule M, Line 13A
186	Spouse Subtractions - Depreciation	9	N	Form Schedule M, Line 14A
187	Other Subtractions - Line 15a	20	A/N	Other Subtractions Verbiage line a
188	Other Subtractions - Line 15b	20	A/N	Other Subtractions Verbiage line b
189	Other Subtractions - Line 15c	20	A/N	Other Subtractions Verbiage line c
190	Spouse Subtractions - Other	9	N	Form Schedule M, Line 15A
191	Spouse Total Subtractions	9	N	Form Schedule M, Line 16A
192	Taxpayer Additions - Interest	9	N	Form Schedule M, Line 1B
193	Taxpayer Additions - Health Insurance	9	N	Form Schedule M, Line 2B
194	Taxpayer Additions - Partner/Scorp	9	N	Form Schedule M, Line 3B
195	Taxpayer Additions - Depreciation	9	N	Form Schedule M, Line 4B
196	Taxpayer Additions - Other	9	N	Form Schedule M, Line 5B
197	Taxpayer Total Additions	9	N	Form Schedule M, Line 6B
198	Taxpayer Subtractions - Refund	9	N	Form Schedule M, Line 7B
199	Taxpayer Subtractions - Interest	9	N	Form Schedule M, Line 8B
200	Taxpayer Subtractions - Pension	9	N	Form Schedule M, Line 9B
201	Taxpayer Subtractions - Social Security	9	N	Form Schedule M, Line 10B
202	Taxpayer Subtractions - Insurance	9	N	Form Schedule M, Line 11B
203	Taxpayer Subtractions - Health Insurance	9	N	Form Schedule M, Line 12B
204	Taxpayer Subtractions - Partner/Scorp	9	N	Form Schedule M, Line 13B
205	Taxpayer Subtractions - Depreciation	9	N	Form Schedule M, Line 14B

Barcode				
Field #	Identification	Length	Type	Description
206	Taxpayer Subtractions - Other	9	N	Form Schedule M, Line 15B
207	Taxpayer Total Subtractions	9	N	Form Schedule M, Line 16B
208	Medical & Dental Expenses	9	N	Form Schedule A, Page 1, Line 1
209	Medical & Dental Expense Exclusion	9	N	Form Schedule A, Page 1, Line 2
210	Total Medical & Dental Exclusion	9	N	Form Schedule A, Page 1, Line 3
211	Local Income Taxes	9	N	Form Schedule A, Page 1, Line 4
212	Real Estate Taxes	9	N	Form Schedule A, Page 1, Line 5
213	Personal Property Taxes	9	N	Form Schedule A, Page 1, Line 6
214	Other Taxes	9	N	Form Schedule A, Page 1, Line 7
215	Total Taxes	9	N	Form Schedule A, Page 1, Line 8
216	Home Mortgage Interest Form 1098	9	N	Form Schedule A, Page 1, Line 9
217	Home Mortgage Interest Other	9	N	Form Schedule A, Page 1, Line 10
218	Points not on Form 1098	9	N	Form Schedule A, Page 1, Line 11
219	Investment Interest	9	N	Form Schedule A, Page 1, Line 12
220	Total Interest	9	N	Form Schedule A, Page 1, Line 13
221	Contributions by Cash	9	N	Form Schedule A, Page 1, Line 14
222	Other Than Cash	9	N	Form Schedule A, Page 1, Line 15
223	Artistic Contributions	9	N	Form Schedule A, Page 1, Line 16
224	Carryover from Prior Year	9	N	Form Schedule A, Page 1, Line 17
225	Total Contributions	9	N	Form Schedule A, Page 1, Line 18
226	Form 4684	9	N	Form Schedule A, Page 1, Line 19
227	Casualty & Theft Exclusion	9	N	Form Schedule A, Page 1, Line 20
228	Total Casualty & Theft	9	N	Form Schedule A, Page 1, Line 21
229	Unreimbursed Employee Expense	9	N	Form Schedule A, Page 1, Line 22
230	Tax Preparation Fees	9	N	Form Schedule A, Page 1, Line 23
231	Other Expenses	9	N	Form Schedule A, Page 1, Line 24
232	Subtotal - Job Expenses	9	N	Form Schedule A, Page 1, Line 25
233	Job Expense Exclusion	9	N	Form Schedule A, Page 1, Line 26
234	Total Job & Other Expenses	9	N	Form Schedule A, Page 1, Line 27
235	Other Miscellaneous Expenses	9	N	Form Schedule A, Page 1, Line 28
236	Total Itemized Deductions	9	N	Form Schedule A, Page 1, Line 29
237	Spouse Percent of Income	5	N	Form Schedule A, Page 2, Part I, Line 1
238	Taxpayer Percent of Income	5	N	Form Schedule A, Page 2, Part I, Line 2
239	Spouse Itemized Deductions	9	N	Form Schedule A, Page 2, Part I, Line 3
240	Taxpayer Itemized Deductions	9	N	Form Schedule A, Page 2, Part I, Line 4
241	Spouse Percent of Income	5	N	Implied decimal point 50.47% = 05047
242	Spouse Itemized Deductions	9	N	Form Schedule A, Page 2, Part II, Line 1A
243	Spouse Exclusion from Limitation	9	N	Form Schedule A, Page 2, Part II, Line 2A
244	Spouse Deduction Subtotal	9	N	Form Schedule A, Page 2, Part II, Line 3A
245	Spouse 80% of Deductions	9	N	Form Schedule A, Page 2, Part II, Line 4A
246	Spouse KY AGI	9	N	Form Schedule A, Page 2, Part II, Line 5A
247	Spouse Limitation	9	N	Form Schedule A, Page 2, Part II, Line 6A
248	Spouse Income Subtotal	9	N	Form Schedule A, Page 2, Part II, Line 7A
249	Spouse 3% of Income Subtotal	9	N	Form Schedule A, Page 2, Part II, Line 8A
250	Spouse Adjustment to Deductions	9	N	Form Schedule A, Page 2, Part II, Line 9A
251	Spouse Adjustment Itemized Deductions	9	N	Form Schedule A, Page 2, Part II, Line 10A

Barcode				
Field #	Identification	Length	Type	Description
252	Taxpayer Percent of Income	5	N	Implied decimal point 50.47% = 05047
253	Taxpayer Itemized Deductions	9	N	Form Schedule A, Page 2, Part II, Line 1B
254	Taxpayer Exclusion from Limitation	9	N	Form Schedule A, Page 2, Part II, Line 2B
255	Taxpayer Deduction Subtotal	9	N	Form Schedule A, Page 2, Part II, Line 3B
256	Taxpayer 80% of Deductions	9	N	Form Schedule A, Page 2, Part II, Line 4B
257	Taxpayer KY AGI	9	N	Form Schedule A, Page 2, Part II, Line 5B
258	Taxpayer Limitation	9	N	Form Schedule A, Page 2, Part II, Line 6B
259	Taxpayer Income Subtotal	9	N	Form Schedule A, Page 2, Part II, Line 7B
260	Taxpayer 3% of Income Subtotal	9	N	Form Schedule A, Page 2, Part II, Line 8B
261	Taxpayer Adjustment to Deductions	9	N	Form Schedule A, Page 2, Part II, Line 9B
262	Taxpayer Adjustment Itemized Deductions	9	N	Form Schedule A, Page 2, Part II, Line 10B
263	Spouse Exempt Retirement	9	N	Form Schedule P, Line 1c Spouse
264	Spouse Other Retirement	9	N	Form Schedule P, Line 2 Spouse
265	Spouse Line 2 or Limit	9	N	Form Schedule P, Line 3 Spouse
266	Spouse Total Excluded	9	N	Form Schedule P, Line 4 Spouse
267	Taxpayer Exempt Retirement	9	N	Form Schedule P, Line 1c Taxpayer
268	Taxpayer Other Retirement	9	N	Form Schedule P, Line 2 Taxpayer
269	Taxpayer Line 2 or Limit	9	N	Form Schedule P, Line 3 Taxpayer
270	Taxpayer Total Excluded	9	N	Form Schedule P, Line 4 Taxpayer
271	Taxpayer Died During Year	1	A	Value "X" or Blank
272	Farming 2/3 of Income	1	A	Value "X" or Blank
273	Gross Income	9	N	Form 2210-K, Part I, Line 2a
274	Gross Income X .67	9	N	Form 2210-K, Part I, Line 2b
275	Gross Income from Farming	9	N	Form 2210-K, Part I, Line 2c
276	Prepaid Exceeds Last Year	1	A	Value "X" or Blank
277	Prior Year Liability	9	N	Form 2210-K, Part I, Line 3a
278	Total Payments	9	N	Form 2210-K, Part I, Line 3b
279	Income Tax Liability	9	N	Form 2210-K, Part II, Line 1a
280	Taxes Paid to Other State	9	N	Form 2210-K, Part II, Line 1b, Add barcode fields 108 and 109.
281	Add 1a and 1b	9	N	Form 2210-K, Part II, Line 1c
282	Income Tax Liability (line1c) X 70%	9	N	Form 2210-K, Part II, Line 3
283	Total Payments	9	N	Form 2210-K, Part II, Line 4a
284	Taxes Paid to Other State	9	N	Form 2210-K, Part II, Line 4b, Add barcode fields 108 and 109.
285	Add 4a and 4b	9	N	Form 2210-K, Part II, Line 4c
286	Line 4c - Line 3	9	N	Form 2210-K, Part II, Line 5
287	Line 5 X 10%	9	N	Form 2210-K, Part II, Line 7
288	Box b-Employer Identification Number	9	N	1st W-2
289	Box c-Employer Name Only	35	A/N	1st W-2
290	Box d-Taxpayer SSN	9	N	1st W-2
291	Box 1-Wages, Tips, Salaries	9	N	1st W-2
292	State Name 1	2	A	1st W-2
293	State Name 2	2	A	1st W-2
294	State ID Number 1	6	N	1st W-2

Barcode				
Field #	Identification	Length	Type	Description
295	State ID Number 2	6	N	1st W-2
296	State Wages 1	9	N	1st W-2
297	State Wages 2	9	N	1st W-2
298	State WH 1	9	N	1st W-2
299	State WH 2	9	N	1st W-2
300	Local Wages 1	9	N	1st W-2
301	Local Wages 2	9	N	1st W-2
302	Box b-Employer Identification Number	9	N	2nd W-2
303	Box c-Employer Name Only	35	A/N	2nd W-2
304	Box d-Taxpayer SSN	9	N	2nd W-2
305	Box 1-Wages, Tips, Salaries	9	N	2nd W-2
306	State Name 1	2	A	2nd W-2
307	State Name 2	2	A	2nd W-2
308	State ID Number 1	6	N	2nd W-2
309	State ID Number 2	6	N	2nd W-2
310	State Wages 1	9	N	2nd W-2
311	State Wages 2	9	N	2nd W-2
312	State WH 1	9	N	2nd W-2
313	State WH 2	9	N	2nd W-2
314	Local Wages 1	9	N	2nd W-2
315	Local Wages 2	9	N	2nd W-2
316	Box b-Employer Identification Number	9	N	3rd W-2
317	Box c-Employer Name Only	35	A/N	3rd W-2
318	Box d-Taxpayer SSN	9	N	3rd W-2
319	Box 1-Wages, Tips, Salaries	9	N	3rd W-2
320	State Name 1	2	A	3rd W-2
321	State Name 2	2	A	3rd W-2
322	State ID Number 1	6	N	3rd W-2
323	State ID Number 2	6	N	3rd W-2
324	State Wages 1	9	N	3rd W-2
325	State Wages 2	9	N	3rd W-2
326	State WH 1	9	N	3rd W-2
327	State WH 2	9	N	3rd W-2
328	Local Wages 1	9	N	3rd W-2
329	Local Wages 2	9	N	3rd W-2
330	Box b-Employer Identification Number	9	N	4th W-2
331	Box c-Employer Name Only	35	A/N	4th W-2
332	Box d-Taxpayer SSN	9	N	4th W-2
333	Box 1-Wages, Tips, Salaries	9	N	4th W-2
334	State Name 1	2	A	4th W-2
335	State Name 2	2	A	4th W-2
336	State ID Number 1	6	N	4th W-2
337	State ID Number 2	6	N	4th W-2
338	State Wages 1	9	N	4th W-2
339	State Wages 2	9	N	4th W-2
340	State WH 1	9	N	4th W-2

Barcode				
Field #	Identification	Length	Type	Description
341	State WH 2	9	N	4th W-2
342	Local Wages 1	9	N	4th W-2
343	Local Wages 2	9	N	4th W-2
344	Box b-Employer Identification Number	9	N	5th W-2
345	Box c-Employer Name Only	35	A/N	5th W-2
346	Box d-Taxpayer SSN	9	N	5th W-2
347	Box 1-Wages, Tips, Salaries	9	N	5th W-2
348	State Name 1	2	A	5th W-2
349	State Name 2	2	A	5th W-2
350	State ID Number 1	6	N	5th W-2
351	State ID Number 2	6	N	5th W-2
352	State Wages 1	9	N	5th W-2
353	State Wages 2	9	N	5th W-2
354	State WH 1	9	N	5th W-2
355	State WH 2	9	N	5th W-2
356	Local Wages 1	9	N	5th W-2
357	Local Wages 2	9	N	5th W-2
358	Box b-Employer Identification Number	9	N	6th W-2
359	Box c-Employer Name Only	35	A/N	6th W-2
360	Box d-Taxpayer SSN	9	N	6th W-2
361	Box 1-Wages, Tips, Salaries	9	N	6th W-2
362	State Name 1	2	A	6th W-2
363	State Name 2	2	A	6th W-2
364	State ID Number 1	6	N	6th W-2
365	State ID Number 2	6	N	6th W-2
366	State Wages 1	9	N	6th W-2
367	State Wages 2	9	N	6th W-2
368	State WH 1	9	N	6th W-2
369	State WH 2	9	N	6th W-2
370	Local Wages 1	9	N	6th W-2
371	Local Wages 2	9	N	6th W-2
372	Recipient's SSN	9	N	1st 1099-R
373	2a Taxable Amount	9	N	1st 1099-R
374	State Name 1	2	A	1st 1099-R
375	State Withholding 1	9	N	1st 1099-R
376	State Name 2	2	A	1st 1099-R
377	State Withholding 2	9	N	1st 1099-R
378	Recipient's SSN	9	N	2nd 1099-R
379	2a Taxable Amount	9	N	2nd 1099-R
380	State Name 1	2	A	2nd 1099-R
381	State Withholding 1	9	N	2nd 1099-R
382	State Name 2	2	A	2nd 1099-R
383	State Withholding 2	9	N	2nd 1099-R
384	Recipient's SSN	9	N	3rd 1099-R
385	2a Taxable Amount	9	N	3rd 1099-R
386	State Name 1	2	A	3rd 1099-R
387	State Withholding 1	9	N	3rd 1099-R

Barcode				
Field #	Identification	Length	Type	Description
388	State Name 2	2	A	3rd 1099-R
389	State Withholding 2	9	N	3rd 1099-R
390	Approved Vendor Code	1	A	Contact Marcus Deaton for 2005 Code.
391	End of Data Trailer	5	A	*EOD*

Rule 1) For fields 26 through 31, Political Party Fund. (Single (Field 21) and Married filing separate (Field 24) taxpayer must select field 29, 30 or 31) Only. If Married filing separate on combined return (Field 22) or Married filing joint (Field 23) taxpayer must select field 26, 27 or 28 AND field 29, 30 or 31.

Rule 2) If Field 22 (Married Filing Separately on a Combined return) is selected the credits must be split between the taxpayer and spouse and equal Field 153. If any other filing status is selected, field 154 must be "NULL" and the total credits must be placed in Field 155 (Taxpayer Total Credits).

Rule 3) All fields containing dollar amounts must be rounded to the nearest dollar. The barcode should contain no decimal points. It is required however that the cents **(.00)** be printed on the return.

Rule 4) Any field identification that is for the spouse should only be used if Filing Status 2 (Married Filing Separately on a Combined Return) (Field 22) is selected.

Rule 5) The address field can have no special characters. "#" / "-" / "." /